

STATE OF MICHIGAN

REQUEST FOR TIME FROM MSC/NERES or MPES CENTRAL ANNUAL LEAVE BANK

NOTE: THIS FORM IS FOR USE BY MANAGERIAL, SUPERVISORY, CONFIDENTIAL, NON- EXCLUSIVELY REPRESENTED BUSINESS AND ADMINISTRATIVE UNIT EMPLOYEES, AND EMPLOYEES IN THE SCIENTIFIC AND ENGINEERING UNIT (H21) FOR REQUESTING TIME FROM THEIR RESPECTIVE CENTRAL ANNUAL LEAVE BANK (See Instructions on Back).

A. TO BE COMPLETED BY EMPLOYEE REQUESTING TIME (Please print)

Employee Name _____ Soc. Sec. No. _____ Employee I.D. # _____

Department _____ Work Phone _____

Classification/Level _____

- Check one: ☐ I am a member of the Scientific and Engineering bargaining unit (H21).
- ☐ I am a managerial, supervisory, confidential, or non-exclusively represented Business and Administrative unit employee.

I certify that I will have exhausted all available leave credits as of _____(date) and I hereby request the use of _____hours (maximum of 240 hours) from my respective Central Annual Leave Donation Bank from _____to _____(date). I certify that I am facing financial hardship due to serious injury or prolonged illness of myself, or my dependent spouse, child or parent.

Signature_____
Date**B. TO BE COMPLETED BY APPOINTING AUTHORITY**

1. I hereby certify that this employee has satisfactorily completed the probationary period required to receive this donation, has exhausted all available leave credits, no long-term disability or Worker's Compensation will be paid during this time, and the absence would otherwise be approved.
2. I have calculated the total cost of this request as \$ _____based on:
Requesting employees hourly rate of \$ _____.
3. DMB/OAS is authorized to deduct \$ _____(amount from B.2. above) from the following:
 - ☐ MSC/NERE Central Annual Leave Bank
 - ☐ Scientific and Engineering Central Annual Leave Bank

Signature_____
Date**C. TO BE COMPLETED BY DMB/OAS**DMB/OAS has deducted \$ _____from the ☐ MSC/NERES or ☐ MPES Central Annual Leave Bank.

The Department is authorized to add _____hours to the employee's annual leave counter as requested above.

Signature_____
Date

SEE INSTRUCTIONS ON BACK

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WHO

DOES WHAT

Section A.

Employee

1. Completes Section A.
2. Submits form to Personnel Office.

Section B.

Personnel Office

1. Verifies employee eligibility:
 - a. Completed required probationary period.
 - b. All leave credits have been exhausted.
 - c. Employee is not receiving LTD or Workers Compensation.
 - d. Employee's absence would otherwise be approved.
2. Computes value of hours requested.
3. Obtains Appointing Authority's signature.
4. Keeps copy and forwards form to DMB, Office of Administrative Services. **After** DMB/OAS posts deductions to the Central Bank (Section C., below), distribute copy to employee and keeps **original** in Personnel Office.

Section C.

DMB/OAS

1. Posts deductions to the applicable Central Annual Leave Bank.
2. Authorizes addition of annual leave.
3. Keeps copy and forwards form to Personnel Office for distribution of copy to employee.